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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------|-------------|------------------------------------|-------------|----------------------------|--------------------------------------------------|--|
| Effective on 12/08/2004. | | | | Complete if Known | | | | |
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | | | Application Nur | mber | 09/316,897 | | |
| FEE TRANSMITTAL For FY 2008 | | | | Filing Date | | May 20, 1999 | | |
| | | | | First Named In | ventor | Anand Ramakrishna | | |
| | | | | Examiner Name | е | Maikhanh Nguyen | | |
| Applicant claims small entity status. See 37 CFR 1.27 | | | | Art Unit | | 2176 | | |
| TOTAL AMOUNT OF PAY | ∥ENT (\$ |) 0.00 | | Attorney Docke | t No. | 111399.01 | | |
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| under 37 CFR | 1.16 and 1 | .17 | | orca | • | erpayments | | |
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| FEE CALCULATION | | | | | | | | |
| 1. BASIC FILING, SEAR | CH AND | FXAMINATION | FFFS | | | | | |
| 27.0.0 | FILING | FEES | | RCH FEES EXAMINATION FEES | | | | |
| Application Type | Fee (\$) | Small Entity Fee (\$) | Fee (\$ | Small Entity 1 Fee (\$) | Fee | Small Entity (\$) Fee (\$) | Fees Paid (\$) | |
| Utility | 310 | 155 | 510 | 255 | 210 | | | |
| Design | 210 | 105 | 100 | 50 | 130 | | | |
| Plant | 210 | 105 | 310 | 155 | 160 | | | |
| Reissue | 310 | 155 | 510 | 255 | 620 | | | |
| Provisional | 210 | 105 | 0 | 0 | 0 | | | |
| 2. EXCESS CLAIM FEE | s | | | • | | | Small Entity | |
| Fee Description | | | | | | Fee (\$) | Fee (\$) | |
| Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) | | | | | | 50 210 | 25 105 | |
| Multiple dependent claims | | | | | | 370 | 185 | |
| Total Claims Extra Claims Fee (\$) Fee Paid (\$) | | | | | | | Dependent Claims | |
| 0 - 20 or HP = | | x | _= _ | | | Fee (\$) | Fee Paid (\$) | |
| HP = highest number of total Indep. Claims | claims paid for Extra Clair | | | Paid (\$) | | 0.00 | 0.00 | |
| 0 - 3 or HP = | 0 | x | | r aid (\$) | | | | |
| HP = highest number of indep | | s paid for, if greater t | han 3. | | | | | |
| 3. APPLICATION SIZE I | | exceed 100 shee | ets of na | ner (excluding a | electron | ically filed seam | ence or computer | |
| listings under 37 CF | | | | | | | | |
| sheets or fraction th | ereof. See | 35 U.S.C. 41(a | (1)(G) | and 37 CFR 1.1 | 16(s). | • | | |
| <u>Total Sheets</u> - 100 = | Extra She | / 50 = | er of eac | h additional 50 (round up to a | | | <u>e (\$) </u> | |
| 4. OTHER FEE(S) | | | | - ` • | | · · · — | Fees Paid (\$) | |
| Non-English Specific | ation, \$ | 130 fee (no smal | ll entity | discount) | | | <u>. 555 / Min (4)</u> | |
| Other (e.g., late filing | surcharge | e): | | | | | | |
| SUBMITTED BY | | | | | | | | |
| | her J. Cult | person/ | | Registration No. | 59.136 | Telepho | one 509-755-7266 | |

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(Attorney/Agent)

/Christopher J. Culberson/

Christopher J. Culberson

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